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ATTORNEY'S DOCKET NO. A-000498.70162.US
IN THE UNITED STATES PATENT & TRADEMARK OFFICE

Applicant: Gavin MacBeath et al
Serial No: 09/923,243
Conf. No: 9118
Filed: August 3, 2001
For: Protein Microarrays
Art Unit: 1619

RECEIVED

OCT 28 2002

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Sir:

Transmitted herewith is/are the following document(s):

- ☒ Information Disclosure Statement
- ☒ Form PTO-1449 and References
- ☒ Return Receipt Postcard

If the enclosed papers are considered incomplete, the Mail Room and/or the Application Branch is respectfully requested to contact the undersigned at (617) 720-3500, Boston, Massachusetts.

No fee is due. If it is determined that a fee is due, it may be charged to the account of the undersigned, Deposit Account No. 23/2825. A duplicate of this sheet is enclosed.

Respectfully Submitted,

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